

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name	ASCP Customer ID #
Address	Email Address
City, State, Zip Code	Last Four Digits of Applicant's Social Security #

PART II (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Specialist in Molecular Biology examination. To establish this applicant's eligibility for certification, the following molecular biology laboratory** experience information is necessary:

1. PLEASE COMPLETE: EXPERIENCE (INCLUDING ON-THE-JOB TRAINING)

Date experience **started** in molecular biology: Month _____ Day _____ Year _____
 Date experience **ended** in molecular biology: Month _____ Day _____ Year _____
 How many hours per week in molecular biology? _____

2. DIRECTIONS: Please review the experience of this applicant. Please place an **X** by each area in which this applicant has demonstrated proficiency under your supervision in a molecular biology laboratory**.

*** A molecular biology laboratory is defined as one capable of providing individuals with knowledge and practical experience in all aspects of molecular methods including, but not limited to, nucleic acid isolation, amplification, detection, sequencing, hybridization techniques, and data analysis.*

A. Experience is required in at least **2** of the 5 areas listed below. *Although experience is required in only two of the areas listed on this form, the exam content will cover all areas listed below, and the applicant is responsible for adequately preparing for all of them. For further information about specific exam content, please refer to the content guideline.*

- _____ Genetics/genomics (e.g., genotyping, genetic disorders, pharmacogenomics, genome-wide analysis)
- _____ Oncology (e.g., hematologic lymphoid neoplasms/neoplasia, solid tumor gene markers)
- _____ Infectious disease (e.g., molecular microbiology/virology, epidemiology)
- _____ Molecular identity testing (e.g., engraftment, paternity)
- _____ Informatics for clinical laboratory test interpretation and reporting (e.g., genetics/genomics, oncology, infectious disease, or molecular identity testing)

B. Experience is required in at least **2** of the 6 areas listed below. *Although experience is required in only two of the areas listed on this form, the exam content will cover all areas listed below, and the applicant is responsible for adequately preparing for all of them. For further information about specific exam content, please refer to the content guideline.*

- | | |
|---|------------------------------|
| _____ Test development/validation | _____ Regulatory compliance |
| _____ Procurement of laboratory equipment | _____ Supervisory experience |
| _____ Quality management | _____ Education/training |

NOTE: THIS DOCUMENTATION FORM CONTINUES ON PAGE 2. PLEASE COMPLETE AND SUBMIT BOTH PAGES.



SPECIALIST IN MOLECULAR BIOLOGY

EXPERIENCE DOCUMENTATION FORM (Routes 1, 2, 3, & 6)

3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE MOLECULAR BIOLOGY AREAS CHECKED ON THIS FORM.

_____ (Please Print) Immediate Supervisor or Laboratory Management* Name & Credential(s)	_____ Title
_____ Immediate Supervisor or Laboratory Management* Signature	_____ Date
_____ Telephone Number	_____ Email Address
_____ Institution	
_____ City, State	_____ Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* WITH THIS EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT*.

**Management is defined as someone in a management role who can verify technical experience.*

See www.ascp.org/boc/us-documentation for submission instructions.